

JOSEPH J. BERNSTEIN (PA FL)
ROBERT S. BERNSTEIN (PA FL WV NY)
NICHOLAS D. KRAWEC (PA NC OH)
LORIA GIBSON (PA)

BERNSTEIN
LAW FIRM, P.C.

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MARLENE J. BERNSTEIN (PA, FL)
CHARLES E. BOBINIS (PA, WV)
KIRK B. BURKLEY (PA)
DEBORAH R. ERBSTEIN (PA)
CHRISTOPHER M. BOBACK (PA)

(STATES OF ADMISSION)

SUITE 2200 GULF TOWER, PITTSBURGH, PENNSYLVANIA 15219-1900 • 800-927-3197 412-456-8100 FAX 412-456-8135
WWW.BERNSTEINLAW.COM MAIL@BERNSTEINLAW.COM

Postmaster,
Oil City PA 16301

August 25, 2005

Subject: Request for Information

Re: U.S. Dept. of Justice -
Vs: Timothy B. Moon
493 Upper Sage Run Road
Oil City PA 16301
BERNSTEIN FILE NO. F0039390

Sir:

**Request for Change of Address or Boxholder
Information Needed for Service of Legal Process**

Please furnish the new address or the name and address (if a boxholder) for the following:

Name: Timothy B. Moon
Address: 493 Upper Sage Run Road Oil City PA 16301

NOTE: The name and last known address are required for change of address information. The name, if known, and post office box address are required for boxholder information.

The following information is provided in accordance with 39 CFR 265.6(d)(6)(ii). There is no fee for providing boxholder information. The fee for providing change of address information is waived in accordance with 39 CFR 265.6(d)(1) and (2) and corresponding Administrative Support Manual 352 44a and b.

1. Capacity of requester (e.g. process server, attorney, party representing himself): ATTORNEY
2. State or regulation that empower me to serve process (not required when requester is an attorney or a party acting *pro se* must cite statute): _____
3. The name of all known parties to the litigation: U.S. Dept. of Justice -VS. Timothy B. Moon
4. The court in which the case has been or will be heard: COURT OF COMMON PLEAS OF VENANGO COUNTY, PA, CIVIL DIVISION
5. The docket or other identifying number if one has been issued: _____
6. The capacity in which this individual is to be served (e.g. defendant or witness): DEFENDANT


EXHIBIT 2

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WARNING

THE SUBMISSION OF FALSE INFORMATION TO OBTAIN AND USE CHANGE OF ADDRESS INFORMATION OR BOXHOLDER INFORMATION FOR ANY PURPOSE OTHER THAN THE SERVICE OF LEGAL PROCESS IN CONNECTION WITH ACTUAL OR PROSPECTIVE LITIGATION COULD RESULT IN CRIMINAL PENALTIES INCLUDING A FINE OF UP TO \$10,000 OR IMPRISONMENT OR (2) TO AVOID PAYMENT OF THE FEE FOR CHANGE OF ADDRESS INFORMATION OF NOT MORE THAN 5 YEARS, OR BOTH (TITLE 18 U.S.C. SECTION 1001).

I certify that the above information is true and that the address information is needed and will be used solely for service of legal process in connection with actual or prospective litigation


Signature

Suite 2200 Gulf Tower
Address

T.J. Chapman
Printed Name

PITTSBURGH, PA 15219
City, State, ZIP Code

FOR POST OFFICE USE ONLY

POSTMARK

- ☐ Not known at address given
☐ Moved, left no forwarding address.
☐ No such address.
☒ Correct address.
☐ New address
☐ Box holder's name and address

NAME and STREET ADDRESS

File No. F0039390